

INTERNATIONAL MEDICINE

The S.S. HOPE in Peru

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THE seventh rotating team of doctors who joined the S.S. HOPE in Peru earlier this year included the author of this report as the representative of The Canadian Medical Association, on leave of absence from the CIBA Company. This was the first occasion on which a Canadian had served on Project Hope, the staffing of which draws exclusively on doctors, nurses and technicians from the United States.

The 15,000-ton hospital ship acts as the vehicle for the People to People Health Foundation, a privately sponsored project, founded in 1958 by Dr. William Walsh of Washington, D.C. The Foundation is financed through voluntary contributions from American industry and from the American people. Support from the United States Government is confined to providing the ex-Navy ship, S.S. *Consolation*, now named S.S. HOPE. "HOPE" stands for "Health Opportunities for People Everywhere".

Staff for the ship is made up of 40 American nurses and technicians, on a full-time basis, and by about 25 doctors who serve voluntarily on a rotating basis for periods of two months at a time. The medical teams receive travel expenses to and from the ship, and their keep while on board.

The seventh (and last) rotation, on which I served, was made up of about 30 doctors, from various parts of the United States, who flew down to rendezvous in Lima on January 20. Included in the group were seven internists, six surgeons, three ophthalmologists, three urologists, two general practitioners, and representatives of other specialties such as pediatrics, obstetrics and gynecology, pathology, and physical medicine. After being oriented by the local HOPE Committee, we were handed over to the tender mercies of four young Peruvians who drove us in four cars to the city of Trujillo, 545 kilometres up the coast from the capital. The fact that the drivers had been instructed to show extra caution on the road did little to cure their deep-seated obsession to pass everything in sight, usually on an outside curve going uphill.

They had another curious custom—curious for a country where gasoline costs 13 cents a gallon—of switching off the ignition at the top of every hill or mountain, and coasting down the other side. Sometimes the other side was miles long, no more than a track across the undulating desert, but the drivers seemed to know what they were doing, and loved every minute of it. The use of brakes in what

was clearly a local version of Russian roulette was considered poor form.

On some runs we coasted up to the brave speed of 150 km. per hour, and on others, well nigh to eternity. Each car was pitted against the other, and all four cars against everything else on the road. Such is the resilience of human nature (to say nothing of the mood of Latin America) that after a few hours of the game we came almost to ignore the danger, and the rows of neat crosses in the sand beside the highway. "Why bury them in the cemetery?" the driver replied to our question, "the sand is just as good here." "What is more," he added, "it teaches other people to be careful."

At the end of the last "corrida" he waved one or two hands out of the window in the direction he suggested that we look. For those who were able to take their eyes off the road, the port of Salaverry came suddenly into view, below and to the left. Anchored among the half dozen sugar freighters was the large white ship we aimed to reach. "HOPE!" the driver exclaimed. We nodded in agreement, adding a small amount of faith for good luck.

The ship was both a symbol of medical aid and the means of supplying it. Commissioned in 1945 as the U.S. Navy S.S. *Consolation*, it served briefly in the Pacific and later in the Korean war. With a C-4 hull, 520 ft. in length, 71 ft. in beam, and a cruising speed of 16 knots, it provided adequate if not speedy hospitalization afloat. During its maiden voyage as the HOPE in 1961, it moved between 12 ports in Indonesia and South Viet Nam. During its 10-month stay in Peru it remained anchored about 50 feet from the jetty in the port of Salaverry. Owing to the "brevista", or heavy Pacific swell, it was not possible to tie up at the pier.

As a hospital ship it provided four operating rooms and male, female and pediatric wards on the two main decks. During the Peruvian mission the in-patient count was maintained between 105 and 130. Two of the three lower decks were taken up with outpatient departments, clinical laboratories, radiology and physiotherapy services, dental clinic, medical library, pharmacy, auditorium and offices.

Some space in the lower regions was occupied by the machinery used to reconstitute milk from milk powder donated by dairies in the United States, and sea water distilled on board. Milk production averaged about 500 quarts a day, packed in cartons labelled, in both English and Spanish, "Milk for your health from the people of the U.S.A.", and distributed to orphanages, schools, and old folks' homes in the district.

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The ship carried a crew of 107, plus 60 part-time Peruvian hands. The part played by the West Coast and other seafaring unions in the control of the ship was uninspiring to say the least. To the few dark pages in the otherwise bright annals of Project HOPE, the seafaring unions and their members made a notable contribution.

By contrast the calibre of the medical, dental, nursing and technical personnel on board was of the highest quality. It had to be. Whatever image the concept of the great white mercy ship sailing into strange ports might conjure up in the minds of the public, much of the work done by HOPE personnel was plodding, uphill, and at times frustrating. No medical mission to a needy area could be otherwise. The work done by HOPE was challenging and difficult, particularly within the framework of an already established medical school such as existed in Trujillo. The conditions therefore called for patience, endurance and devotion, all of which were amply given by the staff. The work was by no means easy, and more often than not the on-shore staff would arrive back at the ship tired, dusty, and dispirited. Those accustomed to working a five-day week, or even less, adapted more or less well to the prevailing six-day week of the country. There is much to be said for a five-day week.

The medical staff lived on board the ship, usually with two or three to a cabin for the doctors, and from two to six for the nurses. The accommodation was adequate but by no means lavish. Meals and entertainment were to be had on board, although in the last weeks of the mission, grateful Trujillianos provided both to excess on shore.

The overall aim of Project HOPE was to provide medical teaching and medical services. The specific aims included the following:

1. Establishment and operation of a modern 100- to 130-bed university teaching hospital aboard the S.S. HOPE.

2. Establishment of a clinical teaching program in the Trujillo Hospital, the main emphasis being placed on internal medicine, surgery, pediatrics, orthopedics, otolaryngology, rehabilitation and out-patient consultant service.

3. Establishment ashore, with Peruvian participation, of an immunization program, milk distribution program, integrated dental program, public health and education program. The educational program was to include students from the medical school assigned to the vessel in groups of from 20 to 27, to spend a month on the vessel, working in the varying clinical specialties. In addition, other students were to be assigned to on-shore activities and to attendance at formal lectures.

4. Establishment of a physician resident program on the vessel in which each American physician would have at least one resident in constant attendance with him, these physician residents to be drawn from all over Peru.

5. Establishment of residency programs for para-



Fig. 1.—The S.S. HOPE in the port of Salaverry, Peru.

medical personnel, such as those concerned with pharmacy, nursing, anesthesiology, laboratory work, hospital administration, radiology, record keeping and library work.

6. Establishment of clinics in the slum areas surrounding Trujillo, these to include a general medical clinic, maternal health and child welfare clinic, and an immunization program. Here as elsewhere the aim was to encourage the local Peruvian personnel to organize and run their own services so as to assure continuity at the completion of HOPE aid.

In practical terms such a program included medical practice in three distinct areas: on board ship, in the local hospital, and in the slum areas bordering the city of Trujillo. Each staff member, according to his field, served in one or more of these clinical outlets. Patients were referred to the ship from the on-shore clinics, and from local Peruvian doctors. The same pattern was maintained, though on a lesser scale, with dental services.

Since the aim of the Project was to supplement rather than supplant the work of the medical school and local hospital, all efforts were directed to the integration of the American and Peruvian services. Where necessary, HOPE personnel provided medical care not locally available. For example, the surgical facilities for the removal of cataracts were limited both in staff and operating room space. Towards the end of its mission HOPE included up to five ophthalmologists in the rotation, whose joint efforts furthered the teaching of the latest techniques in ophthalmological surgery, while at the same time restoring sight to many hundreds of Peruvians.

Project HOPE aid is available only at the request of the medical profession of the countries involved. The Peruvian mission was arranged through the Peruvian North American Medical Association, with membership made up largely from Peruvian doctors who have taken training in the United States. The co-operation of the Peruvian medical, dental, and nursing associations was also obtained. A number of Bolivian nurses and technical person-

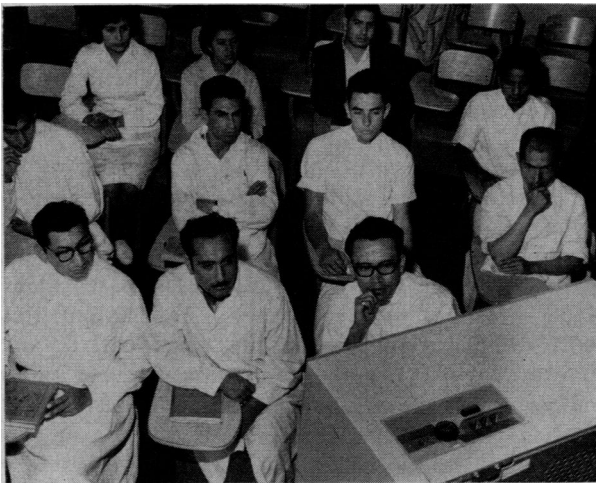


Fig. 2.—Peruvian medical students watching closed-circuit television on board the HOPE.

nel also served on board for varying periods of time, as observers and trainees.

RESULTS

The difficulties in assessing the relative success of so broad a program as outlined above are obvious, particularly to one spending only a short time on one rotation. With due allowance made for this fact, the HOPE mission might be assessed in summary under the following headings:

1. Goodwill

Although a by-product rather than an aim, the goodwill engendered by HOPE among the people of Peru was undoubtedly its greatest success. No gesture on the part of the American people could have had greater effect than one directed to the health needs of the local people. It is probably true to say that the achievement of the hospital ship in Trujillo carried to the people of Peru more meaning, and ultimately more influence, than the multi-million dollar U.S. Government loan, or even the effect of the Alliance for Progress itself.

On the same line of thought it might be noted, in parenthesis, that the fame of Canada in Peru was considerably advanced by the young Canadian girl fighting bulls in various Latin American countries. According to the Canadian ambassador to Peru, few actions on the part of Canadians did more for the reputation of their country, and for international relations with Latin America at large, than the presence of this young lady in the bull ring. When fighting in Lima she was gored on one of the first runs. She rose to her feet, and in spite of her injuries, pressed on with the fight until she had killed the bull. The acclaim of the crowd was tumultuous.

While it is not being suggested that bull fighting and medical aid are in the same class, it is significant to note that in the organization of any mission between peoples of different lands, the ability to reach the imagination of both donors and re-

cipients becomes of increasing importance. HOPE did just this, not only in Trujillo, but throughout Peru.

The fact that the program was financed and run by the people of the United States, rather than by the government of that country, caused a deep impression on the Peruvian people of all classes. This fact was brought to the attention of this observer time and time again, so much so that it remains as one of the salient conclusions noted in this report.

Although numbers of people can be open to misinterpretation, the two mass gatherings of Trujillianos to honour the personnel from the S.S. HOPE were both notable occasions in the history of that city. Two weeks before the ship sailed, the city organized an "homenaje" at which over 20,000 people filled the local stadium to formally thank Dr. Walsh and the staff of the ship for services rendered. As a member of that staff and as the C.M.A. representative, I had the honour of receiving at the hands of the Mayor of Trujillo a token of the gratitude of the people of that city for the assistance given to the 46,000 people treated during the 10 months of the HOPE mission.

When the ship sailed from Salaverry, a crowd estimated at over 40,000 people gathered on the docks to bid their farewells. Although I was not present on that occasion, the episode was reported as being one of sincere and genuine expression of individual and communal gratitude.

2. Medical Services

A breakdown of the figures of the number of people treated by HOPE personnel is not available at this time. Excluding the many thousands of immunizations carried out with the local Departments of Health, the 46,000 people treated included over 2500 major operations, and about twice that number of minor surgical procedures, including the ophthalmological surgery mentioned above. (Cataract removal was carried out under local anesthetic and was therefore classified as a minor procedure.)

Noteworthy in the medical clinics of the slum areas was the gradual realization on the part of the people that medical services were available to them. This had not always been the case in the past, nor is there any guarantee that it will continue to be so in the future, but in these particular slum areas it is more likely to be provided in the future than it was in the past, if only because people ultimately get the medical care they expect. A parallel can be seen in the field of education in Peru. Those without the opportunity to learn to read and write remain illiterate. Those given the slightest encouragement (as in the Vicos experiment) in self-betterment provide vivid proof of the energy and ambition innate in all people.

3. Medical Teaching

This aspect of the HOPE mission has been the hardest one to evaluate. Lacking facts and figures,

and even more, lacking the study in depth which I was unable to carry out, I could make no objective assessment. Owing to unfortunate circumstances, the full teaching program was not fulfilled in its entirety. Possibly because of this (and to provide continuity) Project HOPE will maintain a group of about 16 American doctors and nurses in the Trujillo area for the next one to two years.

The one aspect of teaching with the most consistent success was that of dentistry. The co-operation between the American and Peruvian dentists was unstinting on both sides. The gratifying results could be seen in the enthusiasm with which Peruvian and American dentists generated in their clinics and teaching sessions. These latter would often continue until 11 and 12 o'clock at night.

4. Effects on Project Personnel

It would be incomplete to conclude a report on the effects of S.S. HOPE in Peru without making mention of the effect which service on board the ship had upon the staff itself. With few exceptions the doctors and nurses who arrived on board were infused with the spirit underlying the Project. This was due in part to the organization and scope of the mission, and to the calibre of permanent personnel both on board and at home. But even more it was due to the knowledge that each and every member of the staff, doctor, nurse, and technician, was privileged to bring, to a needy and appreciative people, some measure of the greatness and good fortune of his homeland.

That the mission would have been more successful if the medical staff had had at least a basic grasp of Spanish goes without saying. Among the American personnel on board no more than four or five were fluent in the language. This lack was less serious than it would have been even a few years ago, because of the widespread interest in learning English throughout Latin America. Along the same line, the relative unawareness on the ship of the history, background and problems of South America left unfortunate gaps in the Peruvian-American relationship. On the other side of the coin it was significant to note how well informed

the Peruvians were in the affairs of the United States, Europe and Canada. (Whether because of the lady matador from Canada or not, the grasp most Peruvians had of the political, geographical, cultural and economic standards of Canada was enough to give most Canadians pause for thought.)

It might also be added that from a medical point of view some text or refresher course in the diseases common to the area receiving aid could have been suggested. The two most common diseases facing HOPE in Peru were tuberculosis and malnutrition, with the attendant anemias and diarrheas. To anyone grown rusty in the symptomatology of tuberculosis—pulmonary, bone, meningeal, gastrointestinal and urological—a few days' practice in Peru makes the lack obvious. And if the mission takes in tropical areas, the need for medical review prior to leaving is all the more real.

But these are details. With Project HOPE the minor lacks could not detract from the breadth and the scope of the mission in Peru. It was with a feeling of privilege that I went on board the ship in Salaverry as the representative of the C.M.A., and with a feeling of sorrow that I left it. In vision, aim, and in plain hard work, Project HOPE has justly earned the tributes it receives.

As a postscript it should be said that I was received on the HOPE as one of the family, and that the interest of the members of The Canadian Medical Association in a mission conceived of and staffed by their American colleagues was gratefully noted and acknowledged.

In conclusion, it may be said, if it is the intent of Canadians to increase their efforts in medical aid, that the high reputation enjoyed by Canada in Latin America will allow a significant contribution to be made in this area. The need for leadership in the field of health education and health care in many Latin American countries is indisputable. If Canadian interest in medical aid has heretofore been inclined towards Africa and the Far East, this attitude can and will change as Canada is brought more and more into the orbit of the Americas. In my opinion the interest and commitment of Canadians in the affairs and future of the American continents is long overdue.

PAGES OUT OF THE PAST: FROM THE JOURNAL OF FIFTY YEARS AGO

THE ANNUAL MEETING

The annual meeting of the Canadian Medical Association will be held in London from June 24th to 27th. Members, at the moment, are considering the serious question of their attendance. It involves a consumption of time, in many cases a long and expensive railway journey. To many practitioners this visit to London is all the holiday they may expect. In many cases it must take the place of a visit to the hospitals of some large city for refreshment of knowledge and an experience of new methods of treatment. The real object of these meetings is not amusement or even entertainment; and in times past the profession in places where the meetings have been held burdened themselves

unduly in the attempt to convert the occasion into one of extravagant merry-making. The value of the social advantages must not be underestimated, but they should not be allowed to overshadow all others,—and men can make, and renew acquaintances, in simple and inexpensive surroundings. The scale of entertainment has been rising from year to year. — This excessive entertainment, although prompted by the virtue of hospitality, obscures the real value of the occasion; to tell the truth, it is a burden upon those who partake of it, especially to the older men, for it is the pleasures of life which make living so tiresome. In this respect Montreal has been the worst offender.—Editorial, *Canad. Med. Ass. J.*, 3: 296, 1913.